



PTO/SB/83 (09-03)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/943,424
Filing Date	August 30, 2001
First Named Inventor	Kliger
Art Unit	2684 2611
Examiner Name	Not Yet Assigned
Attorney Docket Number	TIA-001 (8584/3)

**To: Commissioner for Patents
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Alexandria, VA 22313-1450****RECEIVED**

Please withdraw me as attorney or agent for the above identified patent application, and

AUG 23 2004

- all the attorneys/agents of record.
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 the attorneys/agents associated with Customer Number

DIRECTOR OFFICE
TECHNOLOGY CENTER 2600

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: The client has requested return of their files, and full control of future prosecution.

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OR

<input checked="" type="checkbox"/>	Firm or Individual Name Mr. Avi Kliger					
Address		Tiaris, Inc.				
Address		P.O. Box 12349				
City		Herzelia	State		Zip	43733
Country		ISRAEL				
Telephone		011-972-5422-9932			Fax	N/A
Name	Jason P. Fiorillo					
Signature				Registration No.	52,892	
Date	August 6, 2004			Telephone No.	(617) 310-8471	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRANSMITTAL FORM

2681

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Application Serial Number	09/943,424
Filing Date	August 30, 2001
First Named Inventor	Kliger
Group Art Unit	2681
Examiner Name	Not yet assigned
Attorney Docket No.	TIA-001 (8584/3)
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] 	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input type="checkbox"/> Return Receipt Postcard
	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
		<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
		Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (PTO/SB/83)
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations 	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction	
	<input type="checkbox"/> Certificate of Correction (in duplicate)	

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CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

3103862

SIGNATURE BLOCK

Respectfully submitted,

Jason P. Fiorillo
 Attorney for Applicants
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110

Date: August 6, 2004
 Reg. No. 52,892
 Tel. No.: (617) 310-8471
 Fax No.: (617) 248-7100